# SCHEDULE A  (FEC Form 3)
# ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
> FRIENDS OF ZACH DASHER

**A.** Full Name (Last, First, Middle Initial)
RICHARD NORD

Mailing Address  6256 SHADYSIDE DR

| City | State | Zip Code |
|---|---|---|
| VERMILION | OH | 44089 |

FEC ID number of contributing federal political committee.  C

| Name of Employer | Occupation |
|---|---|
| LAND CONCEPTS CO., INC. | LANDSCAPE CONSULTANT |

Receipt For: 2014
☐ Primary  ☒ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
10 / 21 / 2014

Transaction ID : SA11AI.6062

Amount of Each Receipt this Period
1000.00

EARMARKED THROUGH SENATE CONSERVATIVES FUND

**B.** Full Name (Last, First, Middle Initial)
DENNIS J PASENTINE Jr.

Mailing Address  2360 5TH ST

| City | State | Zip Code |
|---|---|---|
| MANDEVILLE | LA | 70471 |

FEC ID number of contributing federal political committee.  C

| Name of Employer | Occupation |
|---|---|
| FLORIDA MARINE TRANSPORT | VICE PRESIDENT |

Receipt For: 2014
☐ Primary  ☒ General
☐ Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
10 / 22 / 2014

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period
2600.00

IN-KIND: FACILITY RENTAL/CATERING

**C.** Full Name (Last, First, Middle Initial)
JUDY PASENTINE

Mailing Address  2360 5TH ST

| City | State | Zip Code |
|---|---|---|
| MANDEVILLE | LA | 70471 |

FEC ID number of contributing federal political committee.  C

| Name of Employer | Occupation |
|---|---|
| FLORIDA MARINE TRANSPORT | ACCOUNTING |

Receipt For: 2014
☐ Primary  ☒ General
☐ Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
10 / 22 / 2014

Transaction ID : SA11AI.6082

Amount of Each Receipt this Period
2600.00

IN-KIND: FACILITY RENTAL/CATERING

SUBTOTAL of Receipts This Page (optional) .............................................................................
6200.00

TOTAL This Period (last page this line number only) .................................................................